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BIBDATASHEET**CONFIRMATION NO. 5424**

Bib Data Sheet

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|--|---|-----------------------------------|--|---|------------------------------------|
| SERIAL NUMBER 10/611,942 | FILING OR 371(c) DATE 07/03/2003 RULE | CLASS 435 | GROUP ART UNIT 1617 | ATTORNEY DOCKET NO. 161765.000535 | |
| APPLICANTS Bradley T. Keller, Chesterfield, MO; Samuel J. Tremont, St. Louis, MO; Kevin C. Glenn, Maryland Heights, MO; Robert E. Manning, St. Louis, MO; | | | | | |
| ** CONTINUING DATA ***** This application is a CON of 09/802,313 03/08/2001 ABN which claims benefit of 60/188,378 03/10/2000 and claims benefit of 60/188,361 03/10/2000 | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/26/2003 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials | | STATE OR COUNTRY MO | SHEETS DRAWING 0 | TOTAL CLAIMS 36 | INDEPENDENT CLAIMS 5 |
| ADDRESS 28880 | | | | | |
| TITLE Combination therapy for the prophylaxis and treatment of hyperlipidemic conditions and disorders | | | | | |
| FILING FEE RECEIVED 1206 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |